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ABSTRACT

The purpose of the clinical and guidance services component of the Central Elementary and Secondary Education Act Title I Remedial Services for Eligible Nonpublic School Pupils Program was to enhance the behavior of children in relation to specific instructional skills areas. The component included students who were diagnosed as needing various kinds of remedial assistance in two areas: (1) achievement, and (2) behavior hampering school achievement. The achievement or skill development areas included reading, math and English as a second language. Approximately 6,962 students from 173 schools participated in the program. The pupils, their parents, teachers, Title I remedial teachers and personnel from the Clinical Guidance Service were involved in the improvement effort. Students were included in the evaluation if they had designated pre and post scores in at least one skill area, and on the Behavior Rating Scale (BRS). The first objective, dealing with the improvement in achievement attributable to improvement in behavior, was met for reading and math, and somewhat less for English as a second language. The second objective, improvement in behavior was both statistically and practically significant. The third objective dealing with the actual performance of the program was succesfully met. (Author/AM)

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EVALUATION REPORT

Function No. 09-69630

CENTRAL ESEA TITLE I REMEDIAL SERVICES FOR ELIGIBLE NONPUBLIC SCHOOL PUPILS : CLINICAL AND GUIDANCE SERVICES

School Year 1975-1976

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NATIONAL INSTITUTE OF EDUCATION

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An evaluation of a New York City School district educational project funded under Title I of the Elementary and Secondary Education Act of 1965 (Pl 89-10) performed for the Board of Education of the City of New York for the 1975-76 school year.

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Chapter I: THE PROGRAM

The purpose of the Clinical and Guidance Component was to enhance the successful functioning of participating pupils in the instructional program.

The component included students who were diagnosed in need of various remedial assistance in two basic areas: 1) achievement, and 2) behavior hampering school achievement. The achievement or skill development areas included reading, math and English as a second language.

Students were selected based on their eligibility under ESEA Title I Guidelines, maximum cut-off scores on achievement tests, and judgements of their school behavior.

A total of 7,022 students were listed on data collection sheets as having been seen by guidance personnel. For purposes of statistical treatment, which required pre and post scores for all valid participants, 6,962 students participated in the program from 173 schools. The program operated for a period covering October, 1975 to June, 1976.

The participating pupils, their parents, teachers, Title I remedial teachers and personnel from the Clinical Guidance Service (guidance counselors, psychologists, social workers, and psychiatrists) were to be involved in the improvement effort.

Chapter II: EVALUATION PROCEDURES

There were 3 evaluation objectives as follows:

Evaluation Objective Number 1. To ascertain to what degree growth in

the skill areas can be attributed to the clinical guidance services rendered as indicated by beta weights from a multiple regression technique.

Sub-question 1: How much of the growth in reading for target pupils is attributable to improvement in behavior from guidance services?

Sub-question 2: How much of the growth in listening comprehension (the ESL objective) is attributable to improvement in behavior resultant from guidance services?

Sub-question 3: How much of the growth in mathematics for target pupils is attributable to improvement in behavior resultant from guidance services?

Evaluation Objective Number 2: To determine if, as a result of participation in the clinical guidance program, there is a statistically significant improvement in areas of school behavior and adjustment necessary for academic success.

Evaluation Objective Number 3: To determine the extent to which the program, as actually carried out, coincided with the program as described in the Project Proposal.

Sampling Procedures

Students were included in the analysis if they had both pre and post scores in at least one skill area, and had both pre and post scores on the Behavior Rating Scale (BRS). See Exhibit I.

Some students were accepted into the program on an emergency basis. These students were not participants in the remedial programs, but did have pre and post scores on the BRS, and were, therefore, included in the analysis of Objective Number 2.

For the discrepancy analysis, two sets of on-site visits were scheduled for a sample of 20 schools. The first series of on-site visits was conducted

between November 6, 1975 and December 19, 1975. The second series of visits was conducted between April 27, 1976 and June 10, 1976. Each on-site visit lasted a minimum of three hours and was guided by a form which had been expressly developed by the evaluator to secure the required data in Evaluation Objective Number 3. See Exhibits II and III for copies of the pre and post-interview forms. See Exhibit IV for pre and post on-site visits.

The evaluator sought to determine if the program was in place and operating, the staff was employed as proposed, records were being kept, job descriptions were being carried out, supervision was taking place, and the physical aspects to enable the program to proceed were in operation.

Evaluation Instruments

The instruments analyzed included various achievement tests and a Behavioral Rating Scale. In the remedial reading program the tests included: 1) Clymer-Barret Pre-Reading Test; 2) The Stanford Achievement Test, Levels 1 and 2; 3) The Stanford Diagnostic Tests, Levels 1 and 2; and 4) The Iowa Silent Reading Test, Level 2. In the remedial math program, the tests included: 1) The Boehm Test of Basic Concepts; and 2) The Metropolitan Achievement Test, Primary, Elementary, Intermediate, and Advanced Levels. For the listening comprehension remedial program (ESL), the tests included: 1) The Stanford Achievement Test, Auditory scores at the Primary Level; and 2) The TOBE, Level 1.

The BRS was used as a measure of behavior consistent with learning. There were twenty items descriptive of pupil's behavior in the classroom. The seven categories for each of 20 behavior items observed ranged from "seldom" to "frequently". See Exhibit I .

Methods of Data Treatment

The procedures followed for the evaluation of objective Number 1 included the computation of multiple regression equations (stepwise) with the predictors being the number of contacts each student had with psychologists, social workers, and guidance counselors (psychiatrist contacts were too few in number), the pre-post interval of the particular achievement test, the grades of the pupils, the behavior rating residual scores, (the means for each child on each item was obtained for both the pre and post administrations, then correlated with the unaccounted for variance not predicted by the pre administration resulting in the residual), and the skill area pre-scores, once again brought in to residualize the criterion, the residual skill area post-score. Because of this latter step in having to residualize the skill area post-scores, the multiple R should be viewed with caution as it reflects the variance accounted for by the skill area pre-score. (Raw change or D scores alone should never act as criteria[1]).

For evaluation objective Number 2, an overall t-test was computed between the aforementioned means of the pre and post administrations of the Behavior Rating Scale. In the previous evaluation, one of the recommendations was to use a sign test. This was not deemed to be an appropriate procedure here inasmuch as the data was continuous and all of the assumptions were met for a "t" to be computed.

[1] Cronbach, L. S., and Furby, L., "How Should We Measure "Change", or Should We?" Psychological Bulletin. 1970, 74, 68-80.

Feldman, Jack, "Considerations in the Use of Causal-Correlational Techniques in Applied Psychology" Journal of Applied Psychology. 1975, 60, 6, 663-670.

Evaluation Objective Number 3 was examined through 20 on-site visits on a pre and post basis. Personnel were interviewed and data examined, and the facilities and materials were reviewed.

Chapter III: FINDINGS

The following are the findings relative to Evaluation Objective Number 1, To ascertain to what degree growth in the skill areas can be attributed to the clinical guidance services rendered as indicated by beta weights from a multiple regression technique:

> Sub-question 1: How much of the growth in reading for target pupils is attributable to improvement in behavior from guidance services? (See Appendix I for Multiple Regression Analysis Standard beta-weights.)

All six BRS beta weights were negative, with three relationships being statistically significant. The resultant inverse relationship, which is a positive resultant, is consistent with Objective Number 1. Since a high achievement score and a low behavior rating are considered favorable, Objective Number 1, Sub-question 1 was reached with a qualification. This concerns the phrase "...improvement in behavior from guidance services". The correlations between the clinical guidance contacts and the behavior rating post score residuals reveal that very little, if any variance in improvement of behavior (squaring the r) was accounted for by the contacts pupils had with social workers, psychologists, and guidance counselors (see Table Ia, Correlations Between Guidance Personnel Contacts and Behavior Rating Scale Residuals).

Table I shows by skill area and test used, the significant standardized beta weights. As can be seen, the most consistent predictor of the skill area

post-score residuals is the BRS post score residual.

TABLE I

Significant Beta Weights, With Relationships to Skill Area and Post-Score Residuals.

SKILL AREA AND TEST	BETA WEIGHTS IN COMPARISON WITH RESIDUAL SKILL AREA POST SCORE
	p<.05
READING TEST:	
-Clymer Barrett	NS**
-Stanford Achievement Test, Level 1	NS**
-Stanford Achievement Test, Level 2	NS**
-Stanford Diag. Level 1	B.R.S. (-.055)
-Stanford Diag. Level 2	B.R.S. (-.042)
-Iowa	B.R.S. (-.144)
MATH TEST:	
-Boehm*	NS**
-MAT Primary	B.R.S. (-.141) S.W. (-.128)
-MAT Elementary	B.R.S. (-.052)
-MAT Intermediate	B.R.S. (-.081) PSYCH. (-.054)
-MAT Advanced	NS**
ESL:	
-TOBE	B.R.S. (-.103)
-SAT Auditory	G.C. (.054)
*N = 11	**Not significant

Table Ia following shows the correlations of the various clinical guidance contacts with the BRS residual post-scores. The average of the correlations between the Clinical Guidance contacts and the BRS residual

score is -.656. Squaring this figure to find the amount of variance accounted for between the clinical guidance contacts and behavior change, the resultant is .4% out of 100%. This is not to say however, that the clinical guidance services did not help. Such contaminating factors as severe problem students probably having more contacts with the guidance services than less severe problem students prohibited a judgement on the part of the evaluators as to whether, in fact, the behavior change was caused by guidance contacts.

Table Ia

Correlations Between Guidance Personnel Contacts and Behavior Rating Scale Residuals by Skill Area Test

Skill Area and Test	Guidance Counselors	Social Workers	Psychologists	Residuals
READING TEST:				
-Clymer Barrett	-.20	-.26	.04**	47
-Stanford Achievement Test, Level I	-.08	-.09	-.02	734
-Stanford Achievement Test, Level 2	-.12	-.27	-.01	289
-Stanford Diag. Level 1	-.05	-.11	-.02	1514
-Stanford Diag. Level 2	-.09	.03	.01	1476
-Iowa	.00	-.12	.00	147
MATH TEST:				
-Boehm*	.18	-.77	.21**	11
-MAT Primary	-.04	.00	-.03	323
-MAT Elementary	-.05	-.12	-.06	1,011
-MAT Intermediate	-.12	-.05	-.04	919
-MAT Advanced	-.10	-.15	.00	508
ESL:				
-TOBE	.06	.06	.05	214
-SAT Auditory	-.21	.06	-.01	529

*N = 11

**Not Significant

The data suggests that other factors may have been responsible for the improvement in the post scores of the behavior Rating Scale. This may be reflected in the construction of the BRS itself.

Sub-question 2: How much of the growth in listening comprehension (the ESL objective) is attributable to improvement in behavior resultant from guidance services?

Of the two beta weights, one was negative and statistically significant, i.e., there was an inverse relationship between the BRS change scores (negative) and listening comprehension as reflected in improved scores (positive). Less support exists for the attainment of this objective in comparison to the reading growth subquestion. This could have been due to the incompatibility of the tests, and/or the much lower sample that was dealt with. The same qualification existed here as was spoken of previously.

Sub-question 3: How much of the growth in mathematics for target pupils is attributable to improvement in behavior resultant from guidance services?

Four of five BRS beta weights were negative, with three of these being statistically significant. The rating scale emphasizes "negative" elements of behavior, and these items ranged from (1) more favorable to (7) less favorable. "Improvement" is thus scored from (7) to (1), i.e., "negative". The one positive beta weight was very small and was neither statistically , nor practically significant. This objective was met with the above qualifications.

The following is the finding relative to Evaluation Objective Number 2: To determine, if as a result of participation in the clinical guidance program, there is a statistically significant improvement in areas of school behavior and adjustment necessary for academic success.

Objective #2, improvement of behavior as reflected in pre-post differences in the BRS, was met as the t value was highly significant at t = -72.7.

The following are the findings relative to Evaluation Objective Number 3: To determine the extent to which the program, as actually carried out, coincided

with the program as described in the Project Proposal.

Provision of Services

Of the twenty schools visited, 95% had the services of a Guidance Counselor, 55% had the services of a Social Worker, and 50% had the services of a Psychologist. Psychiatric services are available if needed.

75% of the schools had the combination of two or more services; 25% had three services.

Guidance Counselor services predominate, in that 59.0% of service days per week are attributable to them; 26.2% attributed to Social Workers, and 14.8% attributed to Psychologists. There were several days attributed to Psychiatrists, but are not shown in the following table due to the infrequency of the referrals in terms of producing a "Per Week" datum.

TABLE II

Number of Personnel and Days Per Week Expended in 20 Selected Sample Schools

School (coded)	Guidance Counselor Days/Wk	Psychologist Days/Wk	Social Worker Days/Wk	Psychiatrist Days/Wk**	Total Days/Wk
1	2			**(Employed	2
2	1		1	on an "as	2
3	2	1		needed" basis	3
4	2/4*			only.)	4
5	2		1		3
6	2	1	1		4
7	1	1	2		4
8	2	1	3		6
9	1	1	2		4
10	1	1	2		4
11	2/5*		2		7
12	2/3*				3
13	2/2*	1			3
14	2/7*	2			9
15	3		2		5
16	2				2
17	1				1
18	2		1		3
19		1	2.5		3.5
20	1	1			2
N 20	44	11	19.5		74.5

*2/4 represents two Guidance Counselors whose combined total time is 4 days.

The scheduled days of service provide one school with as many as nine staff days in a week and one school with one staff day a week. Four schools have staff services at least five days a week. The preponderance of schools do not receive services on an every day basis. This is due to a combination of factors, the most important of which are the dollar constraints on the number of personnel who can be hired centrally and the number of personnel who can be employed through Community School District funds. Another operative factor is whether or not the principal of the school requests services, including the nature of such services, i.e., guidance counselor, social worker or psychologist. Some principals who were interviewed indicated the desire to have a full battery of counselling services on an every day basis. In those instances, with overlapping days for guidance counsellors, social workers and psychologists there is some emphasis on an informal team approach to the solution of the problems presented. There is communication on cases, a division of responsibility for follow-up and shared recommendations for treatment.

In those schools where there was little or no overlap of services, the staff communicated with one another through telephone calls and memoranda in order to share information on particular cases.

The most repeated comment from the sampled schools was the desire for the establishment of more formal teams, consisting of guidance counsellors, social workers and psychologist. It was indicated that such a team could work closely with Title I teachers and that formal monthly meetings could prove beneficial for the Title I academic

teachers and the Title I guidance and counselling staff.

Some staff who served in more than two schools indicated that they could be more effective if they could serve either in one school, or if this were not possible, to serve in one Community School District or one defined area of the City. It was pointed out that one's experience with Community referral agencies could be maximized if the staff person maintained liaison with such personnel in one area of the City rather than with several such community areas.

Staff Experience

All personnel interviewed had advanced academic degrees. Most had Master's degrees, some had Master of Social Work degrees and some had PhD.'s. All personnel were experienced in their respective fields.

Because of internal Board of Education policies stemming from the financial dilemma faced by the City and the State of New York, it was not possible for the Title I Non-Public School staff to retain the services of the majority of the guidance staff who had previously worked in the program. Accordingly, most of the staff employed were selected on the basis of seniority from personnel excessed from the Public Schools. These personnel were experienced; however, they had to adjust to the fact of:

1) their dislocation from their previous school district,
2) the new experience of the non-public schools, and
3) unfamiliarity with the case histories of the children who were being carried or or referred to the case roster, and
4) unfamiliarity with the local community agencies, helping services and parents.

The evaluator was impressed with the professional attitude of the staff, who proceeded to carry on with their work in the face of the difficulties described above. There was an apparent sense of satisfaction and increased familiarity with the work, the students and the faculty discovered on the second visit, as contrasted with the first visit.

Training and Orientation - Central Staff

Numerous comments were made to the evaluator during his on-site visits extolling the caliber of central staff concerning the provision of guidance, monitoring and assistance to the field personnel. The evaluator echoes the previous evaluator's comments on the excellent supervision in this program. The program is well organized and intensely followed up through telephone communication, on-site supervisory visits and memoranda.

Caseloads

There were 833 cases listed as comprising the case load of the sample schools at the time of the initial on-site review. Guidance counselors accounted for 640, or 76.8% of the case load; Social Workers had 15%, and Psychologists 8.2% of the case load. Inasmuch as the program had just begun, the caseload statistics represent primarily carry-overs from the previous year.

At the time of the second on-site visit, there was a total of 1422 cases, with the old case load having been disposed of and new cases dealt with on an on-going basis. Guidance Counselors represented

73%, Social Workers 13% and Psychologists 14% of the case load, table follows:

TABLE III

Case Load at Beginning and End of the Guidance and Counseling Program by Treatment Category for 20 Selected Sample Schools.

	Fall-Winter 1975		Spring 1976	
	N	%	N	%
Guidance Counselors	640	76.8	1034	72.7
Social Workers	125	15.0	179	12.5
Psychologists	68	8.2	204	14.0
Psychiatrists	0	0.0	5	0.4
TOTAL	833	100.0	1422	99.6

Referral Methods

The staff reported that referrals of children were being made in a variety of ways. See Table IV, below.

TABLE IV

Source of Referrals for 20 Selected Sample Schools

Source of Referrals	Stated Frequency of Referrals	Per Cent
Classroom Teachers	23	33
Title I Reading, Math and ESL Teachers	16	23
Principals	14	20
Title I Guidance Personnel	11	16
Self Referrals	5	7
Parents	1	1
N =	70	100

Guidance Counselors primarily started from the previous year's list and requested referrals from both the classroom teachers, ESL and/or the Title I Reading and Math personnel. When two Guidance Counselors worked in the same school often a case was referred by one to the other.

Social Workers usually received referrals from the Guidance Counselor; however, when no Guidance Counselor was present in the school the Social Worker received referrals directly.

Referrals to the Psychologist were usually made through the Guidance Counselor, Social Worker or Principal. There were very few cases of direct referral to the Psychologist.

Both the Guidance Counselors and Social Workers mentioned receiving some self-referrals.

Treatment Methods

Treatment varied according to the case, the amount of time available, and the skills and experience of the staff. Some cases were being seen on a long term weekly basis, while others could be handled with a short term intensive therapy. Some personnel had formed groups for parents of children with similar problems. Occasionally cases were referred by the Guidance Counselors and Social Workers to outside agencies for further help.

The Psychologists were primarily engaged in testing and evaluations, although some were involved in treatment.

During the second visit, an attempt was made by the evaluator to determine whether the job descriptions identified in the program

were, in fact perceived the same way by the personnel. The interview form is shown as Exhibit III. The evaluator sought, also, to determine if the various functions listed were being carried out in practice.

Of the eleven job functions listed for the Guidance Counselors, all but the second job function were felt to be appropriate and were followed. The second job function states, "Screen groups of children to identify those having special needs, i.e. physical factors such as vision or hearing". It was felt that this function should be carried out by the school nurse and does not fall within the realm of a Guidance Counselor. The Counselors did not feel qualified for this type of group screening.

With regard to working with Title I teachers in assisting them to understand and deal with children with special problems, it was frequently found that extreme time limitations prevented formal workshops from being held; the Guidance Counselors did, however, try to work closely with the Title I personnel on an individual basis. Similarly, parent workshops were difficult to schedule; however, individual parents were contacted. In some instances, language barriers were seen as an obstacle in dealing with some parents.

The Social Workers interviewed were able to meet each of the seven requirements, although some found it difficult to find time to work with the Title I personnel because very often the schedules were such that they were in the schools on different days.

The psychologists who were interviewed found that the job functions were appropriate. However, lack of sufficient time made it

difficult to work closely with Title I personnel and to hold formal workshops.

Title I Eligibility

Title I guidelines were reportedly followed in all schools visited. Program personnel were knowledgeable and aware of the restrictions on providing extended service to non-Title I program children. School principals were also aware of the Title I guidelines.

Physical Arrangements and Materials

The physical arrangements varied greatly from one school to the other. Only five of the twenty schools offered private offices geared to guidance needs. Six schools arranged for shared offices, but provided for privacy when meeting with children. Six offices contained broken chairs, broken windows and very poor equipment. Only two schools contained phones in the guidance office that allowed for privacy of communication. Three schools contained intercoms which could not be turned off in the guidance office, raising questions of client confidentiality.

There were some schools in which program personnel indicated a desire for additional program supplies, such as toys, games, and the like.

Data Collection Materials

With reference to the Data Collection Forms from which all of the data for the statistical research was analyzed, some difficulty was encountered in translating the data to Keypunch and computer usage.

There was a lack of consistency among the 173 reporting schools with reference to listing the tests and their levels. Abbreviations were used that were hard to translate and the format was not geared to ready computer analysis, namely the keypunching aspect.

The Behavior Rating Scale (BRS), was developed without sufficient regard to the construction of performance criteria. All of the items were stated negatively, i.e., a score of "1" in all cases indicated the preferred rating. This allows for the higher probability of errors dealing with response consistency.

Recommendations of the Prior Year's Evaluation

The previous evaluator made the following recommendations:

1. The function should be recycled for the coming school year 1975-76.
2. Since parent workshops were effective in the school wherein they were attempted, consideration should be given to an expansion of this activity. This will be dependent on the willingness of administration to introduce this activity. Prior to these workshops school communities should be canvassed to determine parent interest. This need not be a total canvas but rather a random sampling. In some communities, parents are unable to attend because of other committments. Before elaborate announcement of a program is made this survey should be conducted.
3. Some counselors and social workers felt that staff conferences devoted to learning disabilities, its assessment and remediation would be of profit.
4. With reference to the design for future years some thought should be given to the measurement of the statistical significance by use of

the Sign Test. Perhaps other statistical measures may be more discriminating of the changes. The z scores obtained were so fantastically high that one must question the appropriateness of the Sign Test as a means of evaluating this project.

Response to the Prior Year's Evaluation Recommendations

1. The evaluator agrees that the component should have been recycled.
2. The expansion of parent workshops was not made a program priority. Although this is a good idea, it was not possible in view of the almost 100% turnover of personnel.
3. There was emphasis placed on staff conferences in which learning disabilities received attention.
4. The evaluator agrees with the prior year's comment on z scores and takes issue with the use of a Sign Test for almost 7,000 subjects as being inappropriate and of considerably less power than the t test, which was applied with successful results.

CHAPTER IV: MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Findings and Conclusions

1. The data suggest that a number of the Behavioral Rating Score (BRS) beta weights relate significantly to the post skill area residual score beta weights. The average of the correlations (see Table Ia) between the Clinical Guidance contacts and the BRS residual score is -.656. Squaring this figure to find the amount of variance accounted for between the clinical guidance contacts and behavior change, the resultant is .4% out of 100%. This is not to say however, that the clinical guidance services did not help. Such contaminating factors as severe problem students probably having more contacts with the guidance services than less severe problem students prohibited a judgement on the part of the evaluators as to whether, in fact, the behavior change was caused by guidance contacts.
2. The sample of schools visited are receiving guidance, social work and psychological services in line with the program proposal.
3. Personnel employed are experienced and appear able, energetic and motivated in their work.
4. Training and orientation were of much help. Central staff leadership was seen as supportive and welcome.
5. The unforeseen turnover of almost all the previously employed guidance and counselling staff which occasioned delays in the prompt undertaking of the program was overcome in part by the recruitment of able, experienced staff who were able to close the gap between the December 30 reported case intake of 5547 and the end of program figure of 6962.

6. It had been made abundantly clear during orientation meetings and at on-site supervisory visits by the Central Staff that only Title I program children are eligible for Title I guidance services, with the one exception of short term emergencies.

7. In-school communication operates on an informal basis and appears inadequate to properly coordinate the efforts of the guidance staff with that of the rest of the teaching personnel in terms of referrals, training and follow-up coordination.

8. The program is hampered by the lack of private telephones, and in some schools by the lack of proper physical facilities to ensure client confidentiality.

9. Those staff persons who are presently serving schools in more than one geographical area could maximize their agency contacts and referral sources if they were placed in one specific geographic area, serving the same number of schools.

10. The second item on the job description for guidance counselors, "Screen groups of children to identify those having special needs, i.e., physical factors such as vision or hearing" is not consonant with the training and experience of these staff.

11. The BRS scale is not appropriate in its present form to effectively gauge behavior change without the possibility of the occurrence of major reporting errors. This is due to the construction of the rating scale which consisted of solely negative elements of behavior. These items ranged from more favorable to less favorable. All of the items are scored in the same direction, i.e. "seldom" is alway positive. Both favorable and unfavorable scale elements of behav'o

should have been interspersed.

Possible errors in rating a child include consistency; example - utilizing one side of the page, the middle (central tendency) and halo effect. Ratings on a few elements of behavior could affect all other judgements of behavior. It is recommended that the critical incidents technique[2] commonly used in job performance criteria be adapted here.

12. The Data Collection Form needs revision if computer keypunching is to be facilitated.

Recommendations

1. The program should be recycled for the 1976-77 school year because the program's objective was to facilitate the behavior of children in relation to the instructional skill areas, and this was accomplished in a highly significant manner.
2. The requirement to assess the individual impact of the clinical and guidance staff needs more refined statistical and longitudinal research capability than presently available and it is recommended that this requirement either be dropped or adequately treated through the infusion of appropriate research methodology and funds.
3. Increased attention should be given by the program administration to the communication needs of those personnel who work in the same school on different days, i.e., conference days should be scheduled.

[2]Campbell, J.P., et.al., Managerial Behavior, Performance, and Effectiveness. New York, N.Y., McGraw-Hill, 1970, pps. 77-83.

4. Client confidentiality in terms of physical space and the private use of telephones are of such importance that we recommend a priority ranking be given to those schools who can provide assurance that these two basic elements are assured before receiving clinical and guidance services.

5. The program administration should seek to place staff in schools within a particular geographical area in order to maximize their agency contacts and referral sources.

6. Revise the Behavioral Rating Scale to include both negative and positive behavior elements, interspersed, in order to obviate possible central tendency or halo effect rating errors.

7. Involve the evaluator in developing the 1976-77 Data Collection Form.

APPENDIX I (MIR)

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Bureau of Urban and Community Programs Evaluation
Albany, New York 12234

MAILED INFORMATION REPORT FOR CATEGORICALLY AIDED EDUCATION PROJECTS

SECTION II

1975-76 School Year

Due Date: July 1, 1976

SED Project Number: | 3 | 0 | 0 | 0 | 0 | 0 | | 7 | 6 | | 0 | 0 | 3 | | | |

BE Function Number (N.Y.C. only): | 0 | 9 | 6 | 9 | 6 | 3 | 0 |

Project Title Central ESEA Title 1 Remedial Services For Eligible Nonpublic School Pupils: Clinical and Guidance Services

School District Name Board of Education of The City of New York

School District Address 110 Livingston Street
Brooklyn, New York 11201

Name and Title of Person Completing this form:

Name Dr. Mark Mishken - Saal Lesser

Title Consultants

Telephone Number 914 (Area Code) 699-5538

Date this form was completed June / 28 / 76 .

PROJECT ABSTRACT

The purpose of the Clinical and Guidance Component was to enhance the successful functioning of participating pupils in the instructional program.

The component included students who were diagnosed in need of various remedial assistance in two basic areas: 1) achievement, and 2) behavior hampering school achievement. The achievement or skill development areas included reading, math and English as a second language.

Students were selected based on their eligibility under ESEA Title I Guidelines, maximum cut-off scores on achievement tests, and judgements of their school behavior.

A total of 7,022 students were listed on data collection sheets as having been seen by guidance personnel. For purposes of statistical treatment, which required pre and post scores for all valid participants, 6,962 students participated in the program from 173 schools. The program operated for a period covering October, 1975 to June, 1976.

The participating pupils, their parents, teachers, Title I remedial teachers and personnel from the Clinical Guidance Service (guidance counselors, psychologists, social workers, and psychiatrists) were to be involved in the improvement effort.

Pre-post administrations of achievement test scores were gathered as well as pre-post behavior rating scale scores. The data was analyzed via multiple regression analysis and t-tests.

The first objective, dealing with the improvement in achievement attributable to improvement in behavior according to standardized beta wieghts, was met for reading and math, and somewhat less for English as a second language.

The second objective, improvement in behavior was met by the mean difference pre-post score t= -72.7. This was highly statistically and practically significant. A negative t was obtained because a negative change score signified improved behavior.

The third objective dealing with the actual performance of the program was successfully met.

Modified MIR Reporting Form

Component Code	Activity Code	Test Used	Form	Level	Grades	Total N	Paired N	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Unadjusted Change Mean	Unadjusted Change SD	t	
Reading:															
6082300	704	Cly.-Barr.	A		1	47	47	43.77	13.39	84.11	21.11	40.34	21.08	13.1	***
6082300	704	SAT	B	1	1-5	734	734	36.41	15.69	56.16	19.41	19.75	15.67	34.1	***
6082500	704	SAT	B	2	3-8	289	289	31.57	15.30	41.83	18.86	10.26	13.14	10.9	***
6082400	704	SDT		1	2-8	1514	1513	23.34	9.04	31.74	9.15	8.39	8.13	40.2	***
6082500	704	SDT		2	4-8	1476	1475	23.22	7.74	30.05	8.54	6.83	7.40	23.1	***
6082600	704	Iowa	F	2	9-11	147	147	16.31	6.82	20.75	8.15	4.44	5.53	9.7	***
Math:															
6092300	704	Boehm			1	11	11	18.91	6.02	31.91	6.47	13.00	6.53	6.6	***
6092300	704	MAT-P	F	2	1-3	323	323	25.29	8.76	49.46	15.58	24.17	14.01	31.0	***
6092300	704	MAT-E	F	2	2-5	1011	1011	28.10	11.71	48.98	15.70	20.87	13.10	50.7	***
6092400	704	MAT-I	F	2	4-10	919	913	30.20	9.80	45.87	13.69	15.67	10.97	43.3	***
6092500	704	MAT-A	F	2	7-11	508	508	32.10	9.97	45.42	13.37	13.32	10.12	29.7	***
E.S.L.:															
6142300	704	TOBE		L	K-1	214	214	12.44	5.91	18.50	6.38	6.06	4.91	18.1	***
6142400	704	SAT-Aud.	B	1	2-9	529	528	34.69	16.99	42.71	16.24	8.02	7.20	25.6	***
Other Tests:															
654__00	704	BRS[a]			K-12	6962	6910	3.042	1.014	2.442	0.307	-0.603	0.689	-72.7	***

*** $p < .001$

[a] BRS = Behavioral Rating Scale; objective code = 307.

Summary of Stepwise Multiple Regression Analyses

Skill-Area Postscore	N	R	R^2	Standardized Regression Weights: Skill-Area Prescore[a]	Behavior Rating Residuals[b]	Grade	Pre-Post Interval	Number of Contacts: Guid. Couns.	Social Worker	Psychol.
Reading:										
Clymer-Barrett	45	.486	.237	.382 *	-.052		-.070	.090	-.082	-.188
SAT-1	713	.655 *	.429	.581 *	-.012	-.244 *	.079	-.031	.007	-.047
SAT-2	276	.785 *	.617	.607 *	-.013	-.271 *	.052	-.015	.038	-.077
SDT-1	1497	.621 *	.379	.629 *	-.055 *	-.147 *	.028	-.022	.030	-.009
SDT-2	1445	.618 *	.382	.524 *	-.042 *	.158 *	.032	.030	.004	-.003
Iowa	144	.765 *	.585	.725 *	-.144 *	.071	.124 *	.066	.040	.005
Math:										
Boehm	11	.756	.572	.646	.014		.498	-.115	.327	-.324
MAT-Primary	315	.548 *	.300	.400 *	-.141 *	.213 *	.042	-.051	-.128 *	-.071
MAT-Elem.	995	.597 *	.356	.546 *	-.052 *	.084 *	.118 *	-.040	-.040	-.047
MAT-Interm.	908	.623 *	.388	.604 *	-.081 *	-.111 *	.068 *	-.017	-.041	-.054 *
MAT-Advanced	483	.676 *	.456	.662 *	-.023	-.096 *	.107 *	.051	-.029	-.037
E.S.L.:										
TOBE	208	.732 *	.536	.703 *	-.103 *	.037	.008	.053	-.035	-.001
SAT-Auditory	523	.912 *	.831	.862 *	.017	.078 *	-.011	.054 *	-.009	.011

* $p < .05$

[a] Forced to enter regression equation at first step to residualize postscores.

[b] Residualized in prior analysis; forced into equation at second step.

Measures of growth other than Standardized Tests

14. This item is designed to describe the attainment of objectives not normally associated with measurement by criterion referenced or norm referenced standardized achievement tests. Such objectives are usually associated with behavior that is indirectly observed, especially in the affective domain. For example, a reduction in truancy, a positive change in attitude toward learning, a reduction in disruptive behavior, an improved attitude toward self, etc., are frequently held to be prerequisite to increased academic achievement by disadvantaged learners. If the data obtained from measurement devices you used to assess program effectiveness are not conducive to reporting in tables 9-13, supply information for all of the items below.

Component Code	Activity Code	Objective Code
6 5 4 - - 0 0	7 0 4	8 0 7

Brief Description Behavior Rating Scale, administered pre and post counseling treatment. Measure of socially adaptable behvior in classroom.

Number of cases observed: 6 9 1 0 Number of cases in component: 6 9 6 2

Pretreatment index of behavior (Specify instrument used): Behavior Rating scale as mentioned above.

Criterion of success: Significant improvement in observed behavior as measured by the difference in the pre and post behavior scale ratings.

Was objective fully met? Yes [X] No [ ] If yes, by what criteria do you know? The mean rating for the post administration was statistically (t= -72.7) and practically significantly lower, thus the ratings were more positive. (low score was ~~favorable~~)

Comments: ~~PLEASE SEE ATTACHED, MODIFIED MIR REPORTING FORM~~

15. Program Abstract: Please provide an abstract of your project, including aspects of the project which account for highly positive results. Provide a summary of the findings in relation to the objectives, as well as a description of the pedagogical methodology employed.

OFFICE OF EDUCATIONAL EVALUATION - DATA LOSS FORM
(attach to MIR, item #30) Function # 09-69630

In this table enter all Data Loss information. Between MIR, item #30 and this form, all participants in each activity must be accounted for. The component and activity codes used in completion of item #30 should be used here so that the two tables match. See definitions below table for further instructions.

Component Code	Activity Code	(1) Group I.D.	(2) Test Used	(3) Total N	(4) Number Tested/ Analyzed	(5) Participants Not Tested/ Analyzed		(6) Reasons why students were not tested, or if tested, were not analyzed	
						N	%		Number/ Reason
6 0 8 2 5	7 0 4	2-8	SDT -1	1514	1513	1	.06	No post-test	1
6 0 8 2 5	7 0 4	4-8	SDT-2	1476	1475	1	.06	No post-test	1
6 0 9 2 4	7 0 4	3-10	MAT-1	919	918	1	.1	No post-test	1
6 1 4 2 4	7 0 4	2-8	SAT-AUD	529	528	1	.1	No post-test	1
6 5 4 -- --	7 0 4	K-12	Behavior Rating Scale	6962	6910	52	.7	Fither no pre-test or no post-test	52

(1) Identify the participants by specific grade level (e.g., grade 3, grade 9). Where several grades are combined, enter the last two digits of the component code.
(2) Identify the test used and year of publication (MAT-70, SDAT-74, etc.).
(3) Number of participants in the activity.
(4) Number of participants included in the pre and posttest calculations found on item #30.
(5) Number and percent of participants not tested and/or not analyzed on item #30.
(6) Specify all reasons why students were not tested and/or analyzed. For each reason specified, provide a separate number count. If any further documentation is available, please attach to this form. If further space is needed to specify and explain data loss, attach additional pages to this form.

EXHIBIT I

BOARD OF EDUCATION OF THE CITY OF NEW YORK

DIVISION OF COMMUNITY SCHOOL DISTRICT AFFAIRS — OFFICE OF FUNDED PROGRAMS

BUREAU OF ESEA TITLE I—NONPUBLIC SCHOOL PROGRAMS

141 LIVINGSTON STREET, BROOKLYN, NEW YORK 11201

CLINICAL & GUIDANCE SERVICE

MARION A. FULLEN
COORDINATOR, GUIDANCE

PETER KOLLISCH
COORDINATOR, CLINICAL

Pre and POST RATING SCALES

DATE _____

SCHOOL _____ DISTRICT _____

PUPIL NAME _____ GRADE _____

IN ORDER TO ASSESS THE DEGREE OF IMPROVEMENT OF PUPILS WHO HAVE RECEIVED CLINICAL AND GUIDANCE SERVICE WILL YOU PLEASE HAVE THE TEACHER WHO MADE THE ORIGNIAL REFERRAL COMPLETE THE POST RATING SCALE AT THE TIME THE CASE IS CLOSED, AT THE TIME OF POST TESTING BUT NO LATER THAN MAY 15.

THEY SHOULD USE THE FOLLOWING BEHAVIOR SCALE OF 1 TO 7. FROM SELDOM TO FREQUENTLY WITH PROVISION FOR INTERMEDIATE COURSES. DO NOT OMIT ANY ITEM. DO NOT REFER TO THE PRE-RATING IN PREPARING THIS.

	SELDOM 1	2	3	4	5	6	FREQUENTLY 7
1. CHILD ACTS AGGRESSIVELY TO PEERS. (EX: HITS, PUSHES.)							
2. CHILD WHINES AND CRIES.							
3. CHILD IS UNABLE TO REMAIN IN SEAT.							
4. CHILD IS VERBALLY ABUSIVE (EX: CRITICIZES PEERS AND ADULTS, CURSES.)							
5. CHILD CLINGS OR STAYS IN CLOSE PROXIMITY OF ADULTS.							
6. CHILD BULLIES YOUNGER AND WEAKER CHILDREN.							
7. CHILD GIVES UP EASILY WHEN FACED WITH DIFFICULT TASKS.							
8. CHILD IS IGNORED BY PEERS.							
9. CHILD IS EASILY DISTRACTED.							
10. CHILD TAKES THINGS THAT DO NOT BELONG TO HIM.							
11. CHILD MAKES NEGATIVE COMMENTS ABOUT HIMSELF AND HIS ABILITIES.							
12. CHILD DAYDREAMS.							
13. CHILD ACTS AGGRESSIVELY TO ADULTS.							
14. CHILD TRIES TO BE CENTER OF ATTENTION. (EX: BY CLOWNING, PROVOCATIVE BEHAVIOR, ETC.)							
15. CHILD NEEDS REASSURANCE AND PRAISE OF CORRECTNESS OF RESPONSES AND ACTIONS.							
16. CHILD DOES NOT GET ALONG WITH OTHERS.							
17. CHILD HAS TEMPER TANTRUMS.							
18. CHILD HAS NERVOUS HABITS.							
19. CHILD ALLOWS OTHER CHILDREN TO BULLY AND TAKE ADVANTAGE OF HIM.							
20. CHILD IS SHY AND WITHDRAWN.							

NUMBER OF CONTACTS: G.C.____ S.W.____ PSYCH.____ PSYCHIAT.____

Saal Lesser Associates

BUREAU OF ESEA TITLE I - NONPUBLIC SCHOOL PROGRAMS

School _____

Address _____

	GUIDANCE COUNSELOR	PSYCHOLOGIST	SOCIAL WORKER	PSYCHIATRIST
Name				
Background				
Time Spent In School				
Total Time Per Week				
Case Load				
Grade Cluster				
Referral Method				
Treatment Methods				
Eligibility				
In-school Communication				
Physical Set-up				

EXHIBIT III-1

GUIDANCE COUNSELORS

SCHOOL _____ DATE _____
ADDRESS _____ NAME _____

a. Time spent in school	
b. Case Load	
c. Grade cluster, if any	
d. Program changes, materials, physical facilities, etc.	
1. Study pupil needs through the examination of records, observation, consultation and interviews; assist pupils in appraising and evaluating their abilities, aptitudes, attitudes and interests and interpret these in planning appropriate intervention to meet the pupils' needs; provide individual and/or group counseling to pupils as indicated.	
2. Screen groups of children to identify those having special needs, i.e. physical factors such as vision or hearing.	
3. Study individual pupils to identify intellectual or other disabilities which may indicate the need for special class placement.	
4. Develop group guidance techniques as a method of providing educational guidance, career exploration and developing insight into personal and social problems which may interfere with academic progress.	
5. Interpret pupil data to staff members and cooperate with staff in planning and carrying out measures to meet pupil needs.	
6. Work with Title I teachers both in assisting them to understand children better and to deal with children in the remedial group setting in such a way as to avoid maladjustment and learning difficulties; consult with teachers concerning individual pupils; conduct workshops for Title I staff where indicated.	
7. Interpret pupil data to parents and seek parental cooperation in formulating and carrying through appropriate plans; conduct workshops for parents of referred pupils.	
8. Work with special school services and social agencies to help pupils.	
9. Work closely with community agencies and community groups to provide services to referred pupils.	
10. Maintain required records and prepare guidance reports related to them.	
11. Coordinate efforts of teachers, members of the personnel team and other specialists working to help a particular pupil.	

EXHIBIT III-2

SOCIAL WORKERS

SCHOOL _____ DATE _____

ADDRESS _____ NAME _____

A. Time spent in school	
b. Case Load	
c. Grade cluster, if any	
d. Program changes, materials, physical facilities, etc.	
1. Help those students who are deficient in English or retarded in Reading and Mathematics, where severe social, physical, or emotional interference is responsible for the learning disability.	
2. Study the child, his total functioning in school over the years and particularly his family and life situation. Frequently, this reveals physical, social or emotional factors which have inhibited learning.	
3. Hold ongoing conferences during the study and treatment phase with Title I instructional staff and parents to offer suggestions for new approaches to reverse patterns of academic failure.	
4. Help the teachers and parents to respond to the student through new prescriptive approaches which make learning a more satisfying and positive experience.	
5. Assist the learning disabled student by working with the child individually and with the parent when indicated. Student inability to respond to instruction may be directly related to unsatisfactory familial situations which may be fraught with strife and instability.	
6. In cooperation with the instructional staff, the social worker works with the family to create different attitudes relative to the importance of acquiring academic skills.	
7. To provide individual and group therapy to students on a supportive and ego building level which will facilitate satisfactory interpersonal relationships and work habits.	

EXHIBIT III-3

PSYCHOLOGIST

SCHOOL _____ DATE _____

ADDRESS _____ NAME _____

a. Time spent in school	
b. Case load	
c. Grade cluster, if any	
d. Program changes, materials, physical facilities, etc.	
1. Study referred children and, through the use of psychological techniques, evaluate intelligence and achievement levels, learning patterns, personality development and potentialities for future growth and adjustment.	
2. Participate in case conferences with instructional staff and teachers in order to provide information and insights from diagnostic studies.	
3. Offer suggestions to instructional staff for prescriptive approaches to reverse patterns of academic failure.	
4. Share understanding of emotional and social problems with staff and suggest therapeutic countermeasures that can be applied in the instructional program.	
5. Work with groups of Title I teachers and other professional school personnel informally within the schools and formally in giving workshops geared to increasing understanding of causation and treatment of learning disabilities.	
6. Provide therapy for children and/or their families both individually or in groups in order to help facilitate more satisfying ways of coping both in the learning and total life situation.	
7. Confer with parents of pupils with special learning disabilities to provide understanding of child's problems and, if indicated, elicit parental cooperation in effecting special class placement.	

PSYCHIATRIST NAME _____

1. Examine those pupils referred by the counselor, social worker or psychologist where psychiatric diagnosis is necessary in order to effect proper placement and to define treatment needs and goals.	
2. Consult with various members of the clinical and guidance team, the school principal, nonpublic school faculty or Title I teachers in order to further interpret child behavior and to assist in planning to meet individual needs.	

BOARD OF EDUCATION OF THE CITY OF NEW YORK

DIVISION OF COMMUNITY SCHOOL DISTRICT AFFAIRS — OFFICE OF FUNDED PROGRAMS

BUREAU OF ESEA TITLE I—NONPUBLIC SCHOOL PROGRAMS

141 LIVINGSTON STREET, BROOKLYN, NEW YORK 11201

(212) 624-2273

ALFREDO MATHEW, JR.
EXECUTIVE DIRECTOR

HELENE M. LLOYD
ASSISTANT SUPERINTENDENT

GENE M. BATIN
DIRECTOR, ESEA TITLE I

LAWRENCE F. LARKIN
DIRECTOR

BERNADETTE PEPIN
ASSISTANT TO DIRECTOR

EXHIBIT IV-1

1975–1976

SITE VISIT SCHEDULE

District	Code	School	Component	M	T	W	Th	F
1	1	Mary Help of Christians	Eng. as Sec. Lang.			x	x	x
	1	St. Brigid	Reading	x		x	x	x
	8	Henry Street School	Handicapped, Read.	x		x		x
2	1	St. Stephen	Handicapped:					
			Reading	x		x		x
			Speech	x		x		
			Art					x
	1	Cathedral High School	Reading	x	x	x	x	x
	1	St. Patrick	Eng. as Sec. Lang.	x	x	x	x	x
11/10/75 4/29/76	1	St. Frances de Sales	Clinical & Guidance	⊗	x			
	1	Sacred Heart of Jesus	Eng. as Sec. Lang.			x	x	x
			Handicapped:					
			Reading		x		x	
			Speech					x
	1	St. Bernard	Handicapped: Read.		x			
			Speech		x			
	8	Lorge School	Handicapped, Read.	x	x	x	x	x
3	1	Ascension	Mathematics	x	x	x	x	x
11/12/75 4/28/76	1	Holy Name of Jesus	Clinical & Guidance	x		⊗		alt.
	1	Corpus Christi	Mathematics				x	x
4	1	St. Paul	Reading Skills Center	x	x	x	x	x
			Mathematics	x	x			x
	1	St. Lucy	Reading	x	x	x	x	x
			Eng. as Sec. Lang.		x		x	
	1	St. Cecilia	Mathematics	x	x	x	x	x
	1	St. Ann	Reading			x	x	
	1	Holy Rosary	Eng. as Sec. Lang.	x		x	x	
11/7/75 4/27/76	1	Annunciation	Reading			x		x
			Clinical & Guidance		x			⊗
6	1	Good Shepherd	Mathematics	x	x	x	x	x
11/17/75 5/3/76	1	Bishop Dubois High School	Clinical & Guidance	⊗	x			
	1	Our Lady of Lourdes	Eng. as Sec. Lang.	x	x	x	x	x
	1	St. Rose of Lima	Reading	x	x	x	x	x
			Handicapped: Reading				x	
			Speech				x	
	1	Incarnation	Mathematics	x	x		x	

EXHIBIT IV-2

District	Code	School	Component	Days M	T	W	Th	F
7	1	St. Pius V	Reading	x	x	x	x	
			Eng. as Sec. Lang.		x		x	x
	1	St. Peter and Paul	Mathematics	x	x		x	
	1	Immaculate Conception	Reading	x	x	x	x	x
			Handicapped: Reading	x		x		x
			Speech	x				x
	1	St. Jerome	Mathematics			x	x	x
	5	St. Peter Lutheran	Mathematics					x
8	1	Holy Cross	Reading	x	x	x	x	x
	1	St. Athanasius	Reading Skills Center	x	x	x	x	x
			Eng. as Sec. Lang.		x		x	x
9	1	Our Lady of Victory	Reading			x	x	x
	1	Christ the King	Reading	x	x		x	
11/6/75 5/14/76	1	St. Angela Merici	Eng. as Sec. Lang.				x	
			Clinical & Guidance		x		(x)	
11/3/75 5/14/76	1	Sacred Heart Middle	Reading Skills Center	x	x	x	x	x
			Clinical & Guidance		(x)		x	x
11/20/75 5/14/76	1	Holy Spirit	Clinical & Guidance	x	x		(x)	
	1	St. Simon Stock	Mathematics	x	x		x	x
	1	St. Martin of Tours	Reading	x	x	x	x	x
	1	Our Lady of Mount Carmel	Reading Skills Center	x	x	x	x	x
			Mathematics	x	x	x	x	x
	1	St. Margaret of Cortona	Handicapped, Reading			x		
	8	Shield Institute	Handicapped, Reading		x		x	
11	1	St. Raymond	Handicapped: Reading		x			
			Speech				x	
12	1	Blessed Sacrament	Eng. as Sec. Lang.	x	x			
	1	St. John Chrysostom	Handicapped: Reading	x				
			Speech			x		
			Art			x		
			Mathematics	x	x	x	x	x
13	2	St. Augustine	Reading Skills Center	x	x	x	x	x
			Eng. as Sec. Lang.	x		x	x	
~~14~~	~~8~~	~~Immaculate Conception~~	~~Clinical & Guidance~~				~~x~~	
	2	St. Nicholas Elementary	Reading	x		x	x	x
	2	St. Cecilia	Reading Skills Center	x	x	x	x	x
	2	Our Saviour	Eng. as Sec. Lang.	x	x	x	x	x
11/25/75	2	Our Lady of Mount Carmel	Clinical & Guidance		(x)			
5/20/76 15	2	Our Lady of Peace	Eng. as Sec. Lang.	x	x	x	x	x
	2	Holy Name of Jesus	Mathematics	x	x	x	x	x
	2	Holy Family School	Reading Skills Center	x	x	x	x	x
	2	St. Agnes	Reading	x	x	x	x	x

EXHIBIT IV-3

District	Code	School	Component	Days M	T	W	Th	F
15	~~2~~	~~St. John the Evangelist~~	~~Reading~~	~~x~~	~~x~~	~~x~~	~~x~~	~~x~~
	2	St. Francis Xavier	Mathematics	x	x	x	x	x
			Eng. as Sec. Lang.			x	x	x
11/21/75	2	Sacred Heart of Jesus	Clinical & Guidance		x			⊗
11/19/75 5/19/76	2	St. Michael	Reading Skills Center	x	x	x	x	x
			Clinical & Guidance		x	⊗	x	x
12/12/75 5/27/76	4	Argyrios Fantis	Eng. as Sec. Lang.				x	x
			Clinical & Guidance					⊗
	8	Archway	Handicapped: Reading	x		x		x
16	~~2~~	~~Our Lady of Bedford Stuyvesant H.~~	~~Clinical & Guidance~~	~~x~~	~~x~~			
11/26/75 5/18/76	2	New Bedford Stuyvesant J.H.S.	Mathematics	x	x	x	x	x
			Clinical & Guidance		x	⊗		
	3	Beth Rachel	Reading		x		x	
			Eng. as Sec. Lang.	x	x	x		
12/3/75 5/21/76 17	2	Holy Spirit	Clinical & Guidance	x		⊗		x
	2	Holy Cross	Mathematics	x	x	x	x	x
	2	Unity Catholic	Reading	x	x	x	x	
	~~2~~	~~St. Francis of Assisi~~	~~Clinical & Guidance~~				~~x~~	
19	2	St. Rita	Eng. as Sec. Lang.	x	x	x	x	x
12/1/75 5/24/76	2	St. Michael Elementary	Clinical & Guidance	⊗				x
	2	St. Malachy	Mathematics				x	x
12/2/75 5/25/76 20	2	Blessed Sacrament	Clinical & Guidance	x	⊗			
	2	Our Lady of Perpetual Help	Reading	x	x	x	x	x
			Mathematics	x		x	x	x
12/8/75 6/4/76	3	Beth Jacob of Boro Park	Mathematics		x		x	
			Clinical & Guidance	⊗				
	3	Schulamith School for Girls	Reading				x	
	3	Hebrew Academy for Spec. Children (annex)	Handicapped: Reading		x		x	
			Speech		x			x
	3	Hebrew Institute for Deaf	Handicapped: Reading	x		x		x
			Speech	x		x		
			Art				x	
21	2	Our Lady of Solace	Eng. as Sec. Lang.	x	x			
	3	Brooklyn School for Spec. Child.	Handicapped: Reading		x		x	
			Speech		x			x
			Art		x			
12/11/75 23	2	Our Lady of Loretto	Clinical & Guidance	x			⊗	
12/5/75 5/17/76 24	2	Our Lady of Sorrows	Clinical & Guidance					⊗
6/3/76 25	8	Lowell School	Handicapped: Reading	x			x	
			Speech				x	
27	3	Hebrew Institute of Long Island	Reading			x	x	
	2	St. Clement Pope	Reading		x		x	x
29	2	Immaculate Conception	Eng. as Sec. Lang.				x	x
	8	Linden School	Handicapped: Readin		x			x

EXHIBIT IV-4

District	Code	School	Component	Days M	T	W	Th	F
32	2	St. Elizabeth Seton	Eng. as Sec. Lang.	x			x	x
12/4/75	2	St. Frances Cabrini	Clinical & Guidance	x			(x)	x
12/9/75 4/6/76	2	Our Lady of Lourdes	Mathematics		x	x	x	x
4/9/76			Clinical & Guidance		(x)	x		